

See "Instructions for Filling out the Work Permit" contained in the Work Planning and Control for Experiments and Operations Subject A.

1. Work request WCC fills out this section.

☐ Standing Work Permit

Requester: <u>P. GIANNOTTI</u>	Date: <u>7/13/2016</u>	Ext: <u>3815</u>	Dept/Div/Group: <u>PHYSICS</u>
Other Contact person (if different from requester): <u>C. BIGGS</u>		Ext: <u>7515</u>	
Work Control Coordinator: <u>P. GIANNOTTI</u>	Start Date: <u>7-14-16</u>	Est. End Date: <u>10-30-16</u>	
Brief Description of Work: <u>REMOVE CABLES + WATER FROM EAST CARRIAGE SUPPLIES AND REMOVE SUPPLIES</u>			
Building: <u>1008</u>	Room: <u>ASSY. HALL</u>	Equipment: <u> </u>	Service Provider: <u>PHYSICS / C-AD</u>

2. WCC, Requester/Designee, Service Provider, and ESSH (as necessary) fill out this section or attach analysis

ESSH ANALYSIS			
<u>POTENTIAL</u>			
Radiation Concerns	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Activation	<input type="checkbox"/> Airborne
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group	<input type="checkbox"/> Fissionable/Radiological materials involved, notify Laboratory Nuclear Safety Officer	<input checked="" type="checkbox"/> Radiation	<input type="checkbox"/> NORM
Radiation Generating Devices:	<input type="checkbox"/> Radiography	<input type="checkbox"/> Moisture Density Gauges	<input type="checkbox"/> Soil Density Gauges
Safety and Security Concerns	<input type="checkbox"/> None	<input type="checkbox"/> Explosives	<input type="checkbox"/> Transport of Haz/Rad Material
<input type="checkbox"/> Adding/Removing Walls or Roofs	<input type="checkbox"/> Critical Lift	<input type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Magnetic Fields*
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Nanomaterials/particles*
<input type="checkbox"/> Beryllium*	<input checked="" type="checkbox"/> Electrical	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Noise*
<input type="checkbox"/> Biohazard*	<input checked="" type="checkbox"/> Elevated Work	<input type="checkbox"/> Lasers*	<input type="checkbox"/> Non-ionizing Radiation*
<input type="checkbox"/> Chemicals/Corrosives*	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lead*	<input type="checkbox"/> Oxygen Deficiency*
<input type="checkbox"/> Confined Space*	<input type="checkbox"/> Ergonomics*	<input checked="" type="checkbox"/> Material Handling	<input type="checkbox"/> Penetrating Fire Walls
Ladder Access Required: <input checked="" type="checkbox"/> Portable Ladder <input checked="" type="checkbox"/> Fixed Ladder- Status/Restrictions:			
* Safety Health Rep. Review Required <input type="checkbox"/> Haz, Rad, Bio Material Exceed DOE 151.1-C Levels - Contact OEM <input type="checkbox"/> Other			
Environmental Concerns			
<input type="checkbox"/> Atmospheric Discharges (rad/non-rad/GHG)	<input type="checkbox"/> Land Use Institutional Controls	<input type="checkbox"/> Soil Activation/contamination	<input type="checkbox"/> Waste-Mixed
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Liquid Discharges	<input checked="" type="checkbox"/> Waste-Clean	<input checked="" type="checkbox"/> Waste-Radioactive <u>POTENTIAL</u>
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> PCB Management	<input type="checkbox"/> Waste-Hazardous	<input type="checkbox"/> Waste-Regulated Medical
<input type="checkbox"/> High water/power consumption	<input type="checkbox"/> Spill potential	<input type="checkbox"/> Waste-Industrial	<input type="checkbox"/> Historical Environmental Hazards
Waste disposition by: <u>PHYSICS / QUIGLEY</u>			
Pollution Prevention (P2)/Waste Minimization Opportunity: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Environmental Preferable Products Available: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
FACILITY CONCERNS			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Intermittent Energy Release		
<input type="checkbox"/> Access/Egress Limitations	<input type="checkbox"/> Electrical Noise	<input type="checkbox"/> Potential to Cause a False Alarm	<input type="checkbox"/> Vibrations
<input type="checkbox"/> Credited Controls (Use USI Process)	<input type="checkbox"/> Impacts Facility Use Agreement	<input type="checkbox"/> Temperature Change	<input type="checkbox"/> Other
<input type="checkbox"/> Configuration Management	<input type="checkbox"/> Maintenance Work on Ventilation Systems	<input type="checkbox"/> Utility Interruptions	
WORK CONTROLS			
Work Practices			
<input type="checkbox"/> None	<input type="checkbox"/> Exhaust Ventilation	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Spill Containment
<input type="checkbox"/> Back-up Person/Watch	<input checked="" type="checkbox"/> HP Coverage	<input type="checkbox"/> Posting/Warning Signs	<input type="checkbox"/> Time Limitation
<input type="checkbox"/> Barricades	<input type="checkbox"/> IH Survey	<input type="checkbox"/> Scaffolding-requires inspection	<input type="checkbox"/> Warning Alarm (i.e. "high level")
Personal Protective Equipment			
<input type="checkbox"/> None	<input type="checkbox"/> Ear Plugs	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lab Coat
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator*
<input type="checkbox"/> Disposable Clothing	<input type="checkbox"/> Face Shield	<input checked="" type="checkbox"/> Hard Hat <u>ANSI</u>	<input checked="" type="checkbox"/> Safety Shoes
<input type="checkbox"/> High visibility cloths/vest <input type="checkbox"/> Other			
Permits Required (Permits must be valid when job is scheduled.)			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Cutting/Welding	<input type="checkbox"/> Impair Fire Protection Systems	
<input type="checkbox"/> Concrete/Masonry Penetration	<input type="checkbox"/> Digging/Core Drilling	<input type="checkbox"/> Rad Work Permit-RWP No	
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Electrical Working Hot	<input type="checkbox"/> Other	
Dosimetry/Monitoring			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Heat Stress Monitor	<input type="checkbox"/> Real Time Monitor	<input type="checkbox"/> TLD
<input type="checkbox"/> Air Effluent	<input type="checkbox"/> Noise Survey/Dosimeter	<input type="checkbox"/> Self-reading Pencil Dosimeter	<input type="checkbox"/> Waste Characterization
<input type="checkbox"/> Ground Water	<input type="checkbox"/> O ₂ /Combustible Gas	<input type="checkbox"/> Self-reading Digital Dosimeter	<input type="checkbox"/> Other
<input type="checkbox"/> Liquid Effluent	<input type="checkbox"/> Passive Vapor Monitor	<input type="checkbox"/> Sorbent Tube/Filter Pump	
Training Requirements (List specific training requirements)			
<u>SA Access or Collider - User, LADDER SAFETY, MANLIFT (if req'd)</u>			
Work screening has identified the following as the reason for permitted work:			
<input checked="" type="checkbox"/> ESSH	When work is categorized as worker planned work and a permit is used only the following signatures are required: (Although allowed, there is no need to use back of form)		
<input type="checkbox"/> Complexity	WCC:	Date:	
<input checked="" type="checkbox"/> Work Coordination	Service Provider:	Date:	
<input type="checkbox"/> Permit Not Required (Sections 3 through 7 optional)	Authorization to start:	Date:	
(Department/Division, or their equivalent, Sup/WCC/Designee)			

3. Both work requester and service provider contribute to work plan (use attachments for detailed plans)

Work Plan (procedures, timing, equipment, scheduling, coordination, notifications, and personnel availability need to be addressed in adequate detail):

WORK FOR EAST CARRIAGE ONLY. DETERMINATE, CUT POWER - SIGNAL - WATER COOLING SERVICES ON THE ELECTRONICS RACKS, UNBOLT FROM PLATFORMS AND LIFT OFF TO GROUND FLOOR. PLACE ON TRUCKS FOR DELIVERY TO BLDG 912 FOR DIS-ASSEMBLY.

Special Working Conditions Required (e.g., Industrial Hygiene hold points or other monitoring) ALL WORKERS TO READ OPM 1.02/1.03

NOTE: ALL WATER DRAINED + POWER CABLES DISCONNECTED

Notifications to operations and Operational Limits Requirements: CABLES TO BE TAGGED W/ YELLOW DO NOT OPERATE TAG

Post Work Testing, Notification or Documentation Required: NONE RESP. PERSON: P. GIONNOTTI

Job Safety Analysis Required: ☐ Yes ☒ No

Review Done: ☒ in series ☐ team

Reviewed by: * Primary Reviewer signature (not required for Worker Planned Work) means that the Review Team members were appropriate for the work that was planned, the Team visited the job site, hazards and risks that could impact ESSH have been considered and controls established according to BNL requirements. In addition, this signature indicates that applicable JRAs, FRAs, as well as other planning documents have been reviewed and training requirements have been identified and recorded on this permit.

Title	Name (print)	Signature	Life #	Date
ES&H Professional	RAY KAROL	Ray Karol	15065	7/13/16
F&O Facility Project Manager	W. MCKAY			
Service Provider (RIGGING)	F. ROBASIUK	F. Robasiuk	13453	7/13/16
Work Control Coordinator	P. GIONNOTTI	Paul Gionnotti		
Safety Health Representative	W. NEEDRETH	W. Needreth	25148	7-13-16
Research Space Manager				
Other	C. BIGGS	C. Biggs	15639	7/13/16
Other	D. PHILLIPS	D. Phillips	19078	7/13/16
Required Walkdown Completed				
*Primary Reviewer	M. VAN ESSENDELT	M. Van Essendelt	22185	7-13-16

4. Job site personnel (Supervisor and workers) fill out this section.

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including any attachments) and all training required for this permit is current/complete. Job Supervisor/Contractor Supervisor signatures also includes verification that worker training required for this permit is current/complete.

Job Supervisor:		Contractor Supervisor:	
Workers:	Life#:	Workers:	Life#:
Acron Alva	H8248	Frank TOLD.	18297
CARER BIGGS	15639		
SIM LABOORTY	18643		

Workers are encouraged to provide feedback on ESSH concerns or on ideas for improved job work flow. Use feedback form or space below.

5. Department/Division, or their equivalent, Line Manager or Designee

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)

Name:	Signature:	Life#:	Date:
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6. Worker provides feedback.

Worker Feedback (use attached sheets as necessary)

a) WCM/WCC: Are there any changes as a result of worker feedback? ☐ Yes ☐ No

Note: See Work Planning and Control for Experiments and Operations Subject Area section 2.6.

7. Post Job Review/Closeout: Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition. (WCC can delegate clean up of job site to work supervisor.) The WCC ensures that the change process to update drawings, placards, postings, procedures, etc., is initiated, if necessary.

Name:	Signature:	Life#:	Date:
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Comments: